



Rev No: 11/01

Form No: GID-56

## OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

### THIRD PARTY ADMINISTRATOR FINANCIAL STATEMENT

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

Current Year (12/31/\_\_\_\_)

Last Year (12/31/\_\_\_\_)

#### CURRENT ASSETS:

- |    |                                    |       |       |
|----|------------------------------------|-------|-------|
| 1. | Cash (Schedule A)                  | _____ | _____ |
| 2. | Investments                        | _____ | _____ |
| 3. | Receivables                        | _____ | _____ |
| a) | Fees Receivable                    | _____ | _____ |
| b) | Other Receivable                   | _____ | _____ |
| c) | Totals Receivable                  | _____ | _____ |
| d) | Less: Allowance for Uncollectables | _____ | _____ |
| e) | Net Receivables                    | _____ | _____ |
| 4. | Expenses                           | _____ | _____ |
| 5. | Other Current Assets               | _____ | _____ |
| 6. | Total Current Assets               | _____ | _____ |

#### NON-CURRENT ASSETS:

- |     |                          |       |       |
|-----|--------------------------|-------|-------|
| 7.  | Investments              | _____ | _____ |
| 8.  | Receivables              | _____ | _____ |
| 9.  | Organization Expenses    | _____ | _____ |
| 10. | Other Non-Current Assets | _____ | _____ |
| 11. | Total Non-Current Assets | _____ | _____ |

#### FIXED ASSETS:

- |     |                                  |          |          |
|-----|----------------------------------|----------|----------|
| 12. | Office Furnishings and Equipment | _____    | _____    |
| 13. | Automobiles                      | _____    | _____    |
| 14. | Total Furn., Equip. and Autos    | _____    | _____    |
| 15. | Less: Accumulated Depreciation   | _____    | _____    |
| 16. | Net Furn., Equip. and Autos      | _____    | _____    |
| 17. | Leasehold Improvements           | _____    | _____    |
| 18. | Less: Accumulated Amortization   | _____    | _____    |
| 19. | Net Leasehold Improvements       | _____    | _____    |
| 20. | Real Estate                      | _____    | _____    |
| 21. | Less: Accumulated Depreciation   | _____    | _____    |
| 22. | Net Real Estate                  | _____    | _____    |
| 23. | Other _____<br>(Identify)        | _____    | _____    |
| 24. | Total Fixed Assets               | _____    | _____    |
| 25. | TOTAL ASSETS                     | \$ _____ | \$ _____ |

NOTE: Details of items 3b, 4, 5, 7, 8, 10, and 23 must be attached.

## THIRD PARTY ADMINISTRATOR FINANCIAL STATEMENT

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

### **CURRENT LIABILITIES:**

	Current Year (12/31/____)	Last Year(12/31/____)
1. Accounts Payable:	_____	_____
a) Trade	_____	
b) Other	_____	
c) Total Accounts Payable	_____	_____
2. Fees Payable	_____	_____
3. Taxes Payable	_____	_____
4. Notes Payable :		
a) To Financial Institutions	_____	
b) Real Estates Mortgages	_____	
c) To Officers and Stockholders	_____	
d) Other Notes Payable	_____	
e) Total Notes Payable	_____	
5. Accrued Interest Payable	_____	_____
6. Other Current Liabilities	_____	_____
7. Total Current Liabilities	_____	_____

### **LONG TERMS LIABILITIES:**

8. Notes and Loans Payable		
a) To Financial Institutions	_____	
b) Real Estates Mortgages	_____	
c) To Officers and stockholders	_____	
d) Other Notes & Loans Payable	_____	
e) Total Notes & Loans Payable	_____	
9. Other Long-Term Liabilities	_____	_____
10. Total Long Term Liabilities	_____	_____
11. Total Liabilities	_____	_____

### **NET WORTH:**

12. Capital Stock		
a) Common	_____	
b) Preferred	_____	
c) Total Capital Stock	_____	
13. Capital Paid-In	_____	
14. Retained Earnings	_____	
15. Less: Treasury Stock	_____	
16. <b>NET WORTH</b>	_____	_____
17. <b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ _____</b>	<b>\$ _____</b>

NOTE: Details of items 1a, 1b, 2, 4a, b, c, d, 5, 6, 8a, b, c, d and 9 must be attached.

### THIRD PARTY ADMINISTRATOR FINANCIAL STATEMENT

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

#### **STATEMENT OF OPERATIONS AND RETAINED EARNINGS**

##### **INCOME**

	Current Year	For the Period Ending Last Year
	12/31/	12/31/
1. Earned Fees	_____	_____
2. Net Investment Income Earned	_____	_____
3. Net Realized Capital Gains (or Losses)	_____	_____
4. All Other Income*	_____	_____
5. <u>Total Income</u>	_____	_____

##### **EXPENSES**

6. Fees Paid	_____	_____
7. Salaries	_____	_____
8. General Expenses	_____	_____
9. Total Operating Expenses	_____	_____
10. Federal and State Income Taxes	_____	_____

##### **NET INCOME AND RETAINED EARNINGS**

11. Net Income	_____	
12. Retained Earnings, December 31st Previous Year	_____	
13. Less: Distributions to Stockholders	_____	
14. RETAINED EARNINGS, DECEMBER 31, CURRENT YEAR	\$ _____	\$ _____

NOTE: Details of items 4 must be attached.

### THIRD PARTY ADMINISTRATOR FINANCIAL STATEMENT

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

#### SCHEDULE A

##### CASH ON HAND AND ON DEPOSIT

List all accounts and locations of Cash on Hand. Place an asterisk (\*) in the D/T/C/\* column if all or any part of the deposit balance is assigned as collateral for a loan or is otherwise pledged or restricted. Attach supporting statement with explanation of pledge or restriction.

Name and address of Depository	Account Number	D/T/C*	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Total Cash On Deposit \$ \_\_\_\_\_

Cash On Hand (Petty Cash) \$ \_\_\_\_\_

**Total Cash (Line 1, Page 1, Current Year)** \$ \_\_\_\_\_

\*D = Demand, T = Time, C = Cash

## THIRD PARTY ADMINISTRATOR FINANCIAL STATEMENT

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

### SCHEDULE B

#### GENERAL EXPENSES

Advertising	\$ _____
Accounting and Auditing	\$ _____
Auto Expense	\$ _____
Bad Debt Expense	\$ _____
Building Maintenance and Repair	\$ _____
Consulting Fees	\$ _____
Depreciation and Amortization	\$ _____
Employee Benefits	\$ _____
Equipment Maintenance and Repair	\$ _____
Equipment Rental	\$ _____
Insurance	\$ _____
Interest	\$ _____
Legal Fees	\$ _____
Office Supplies and Expenses	\$ _____
Printing	\$ _____
Postage and Freight	\$ _____
Rent and Related Items	\$ _____
Taxes: Payroll	\$ _____
Property	\$ _____
Other Taxes, Licenses and Fees	\$ _____
Telephone	\$ _____
Travel and Entertainment	\$ _____
Utilities	\$ _____
Other (List)	\$ _____
Total	\$ _____

### THIRD PARTY ADMINISTRATOR FINANCIAL STATEMENT

NAME OF COMPANY \_\_\_\_\_ DATE \_\_\_\_\_

Directions for attesting to this application:

- a. If applicant is a sole proprietor, the application must be sworn by the sole proprietor.
- b. If applicant is a partnership, the application must be sworn by the principal partners or by all officers and directors.
- c. If applicant is a corporation, the application must be sworn by the president and secretary.

THE FOLLOWING ATTESTATION FORM SHALL BE USED:

I do solemnly swear or affirm that all of the foregoing information and documentary evidence submitted is true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

If you are an individual with a disability and wish to acquire this document in an alternative format, please contact the ADA Coordinator at the Office of Commissioner of Insurance, 2 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 (404) 656-2056 / TDD (404) 656-4031